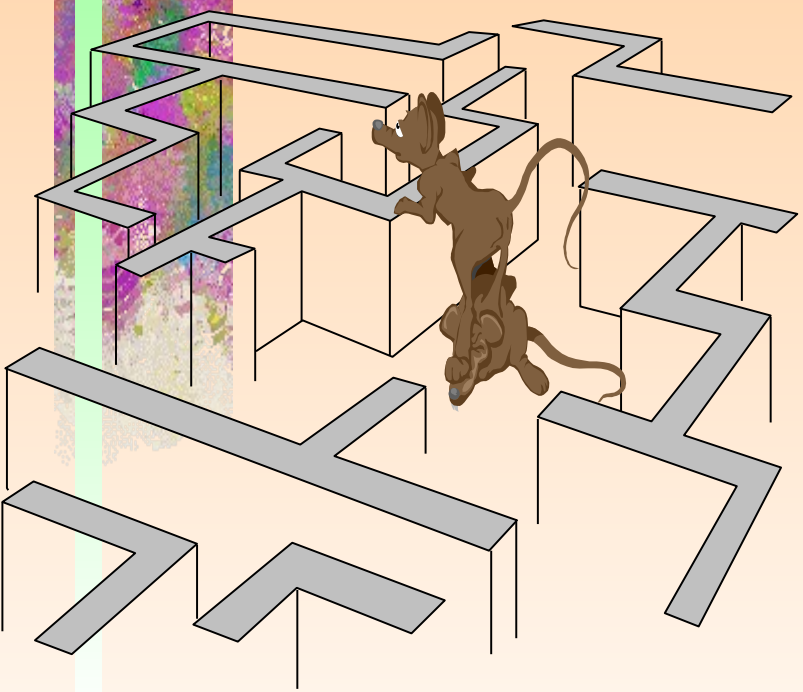
THE FEDERAL EMPLOYEES' COMPENSATION ACT (FECA)

US Department of Labor Office of Workers' Compensation

- Medical Treatment
- Continuation of Pay (COP)
- Wage Loss Compensation
- Schedule Award
- Rehabilitation
- Death Benefits

PLAYERS



- Employee
- Supervisor
- Occupational Health
- Safety
- Installation Compensation Program Administrator (ICPA)
- DOL OWCP

TYPES OF CLAIMS

Traumatic Injury

- Injury caused by a specific event or series of events during one work shift
- 45 calendar days of Continuation of Pay (COP), if requirements are met

Occupational Disease

- Condition produced in the work environment over a period of more than one day or shift
- No COP

CONTINUATION OF PAY

- Must submit CA-1 within 30 **calendar** days of injury
- Must be supported by medical documentation within 10 **calendar** days and as condition changes
- Must begin within 45 **calendar** days from first day of time lost, usually date of the injury
- Part of a day counts as one full day of COP entitlement
- Time Card Codes: Must have an accident report to support entry
  - "LU" - Date of the injury
  - "LT" - Reflects the ***actual*** amount of time taken

FORMS

- **Traumatic Injury: CA-1**, Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay/Compensation *(electronic)*

  CA-16, Authorization for Examination and/or Treatment *(obtain from ICPA)*

  CA-17, Duty Status Report *(website)*

- **Occupational Disease/Illness: CA-2,** Notice of Occupational Disease *(electronic)*

  CA-35, Evidence Required in Support of a Claim *(website)*

AFTER COP

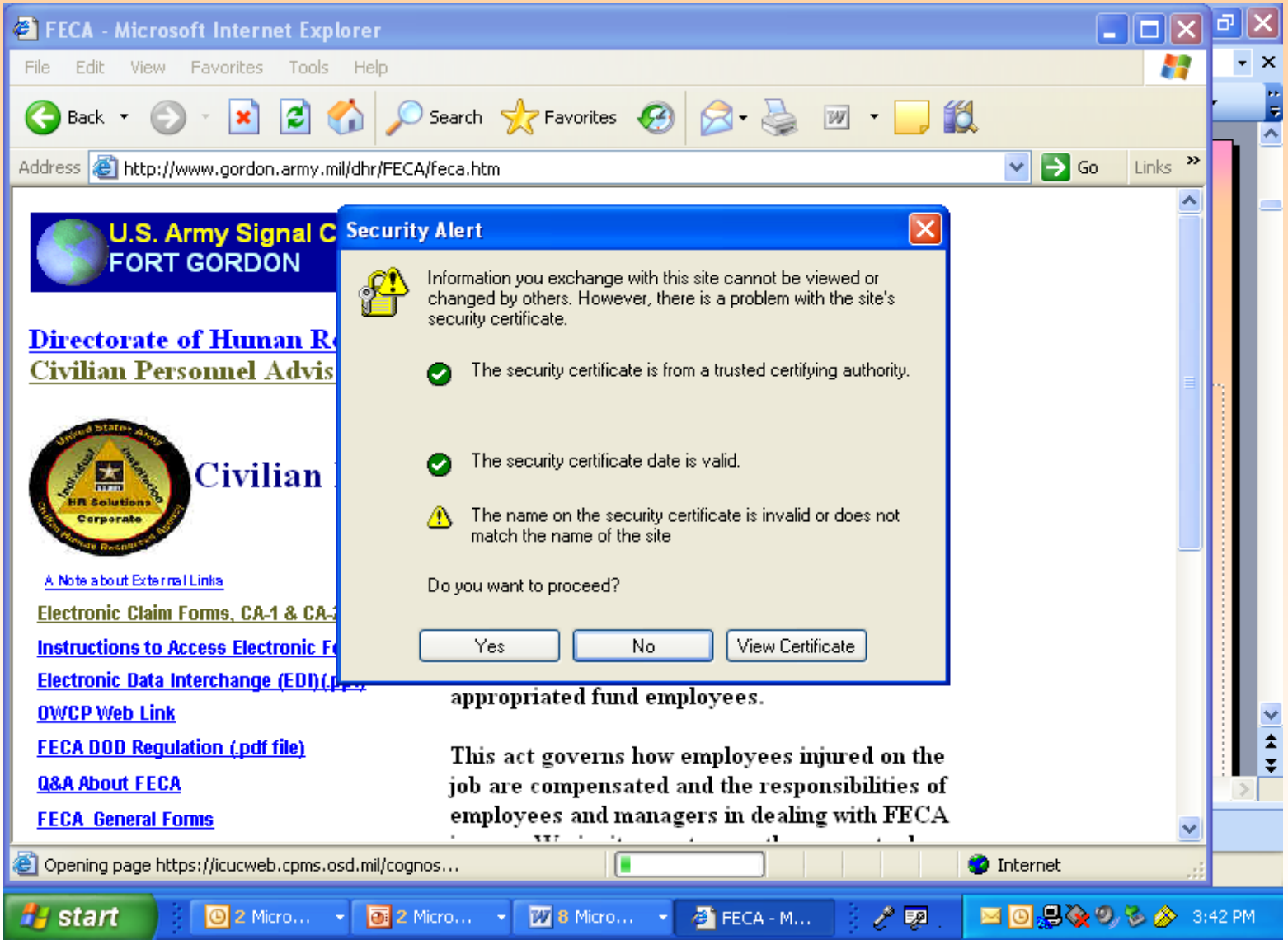
- **Employee Elects:**
  - Sick Leave,
  - Annual Leave, **or**
  - Leave Without Pay

- **CA-7,** Claim for Compensation *(website)*
  - Buy Back Leave
  - Compensation when elect LWOP
  - Schedule Award

ELECTRONIC CLAIM FILING

http://www.gordon.army.mil/dhr/FECA/feca.htm

- Electronic Data Interchange (EDI) is a web based program
- Java Runtime Environment version 1_5_0.xx or higher
- Supervisor and employee complete the electronic form, which is electronically transmitted to the ICPA
- Employee provides supervisor & ICPA copy of all medical documents


FECA - Microsoft Internet Explorer
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A Note about External Links
Electronic Claim Forms, CA-1 & CA-
Instructions to Access Electronic F
Electronic Data Interchange (EDI)(
OWCP Web Link
FECA DOD Regulation (.pdf file)
Q&A About FECA
FECA General Forms
Security Alert
Information you exchange with this site cannot be viewed or changed by others. However, there is a problem with the site's security certificate.
The security certificate is from a trusted certifying authority.
The security certificate date is valid.
The name on the security certificate is invalid or does not match the name of the site
Do you want to proceed?
Yes
No
View Certificate
appropriated fund employees.
This act governs how employees injured on the job are compensated and the responsibilities of employees and managers in dealing with FECA
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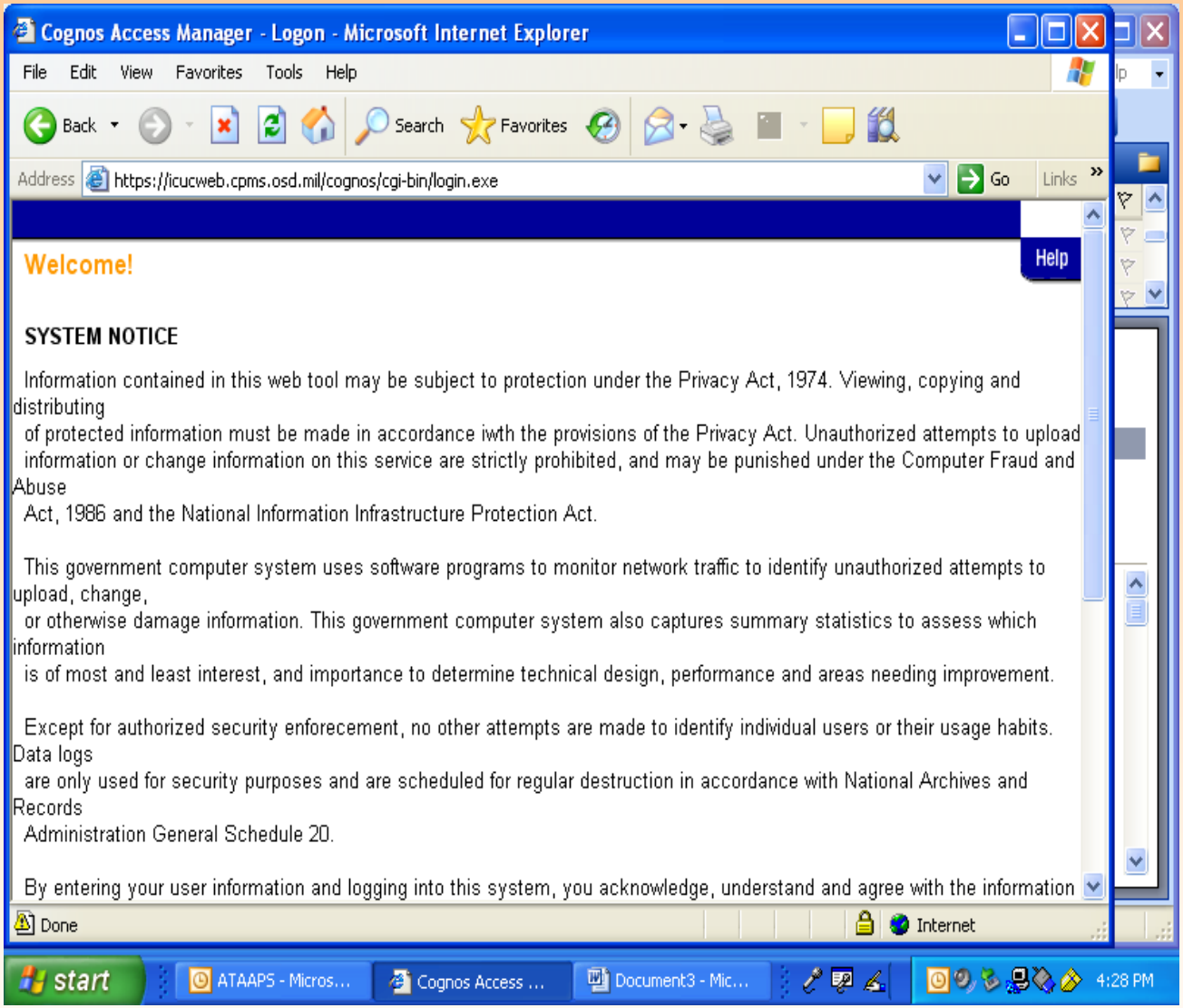
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Address https://icucweb.cpms.osd.mil/cognos/cgi-bin/login.exe
Go Links
Welcome!
Help
SYSTEM NOTICE
Information contained in this web tool may be subject to protection under the Privacy Act, 1974. Viewing, copying and distributing
of protected information must be made in accordance iwth the provisions of the Privacy Act. Unauthorized attempts to upload
information or change information on this service are strictly prohibited, and may be punished under the Computer Fraud and Abuse
Act, 1986 and the National Information Infrastructure Protection Act.
This government computer system uses software programs to monitor network traffic to identify unauthorized attempts to upload, change,
or otherwise damage information. This government computer system also captures summary statistics to assess which information
is of most and least interest, and importance to determine technical design, performance and areas needing improvement.
Except for authorized security enforecement, no other attempts are made to identify individual users or their usage habits. Data logs
are only used for security purposes and are scheduled for regular destruction in accordance with National Archives and Records
Administration General Schedule 20.
By entering your user information and logging into this system, you acknowledge, understand and agree with the information
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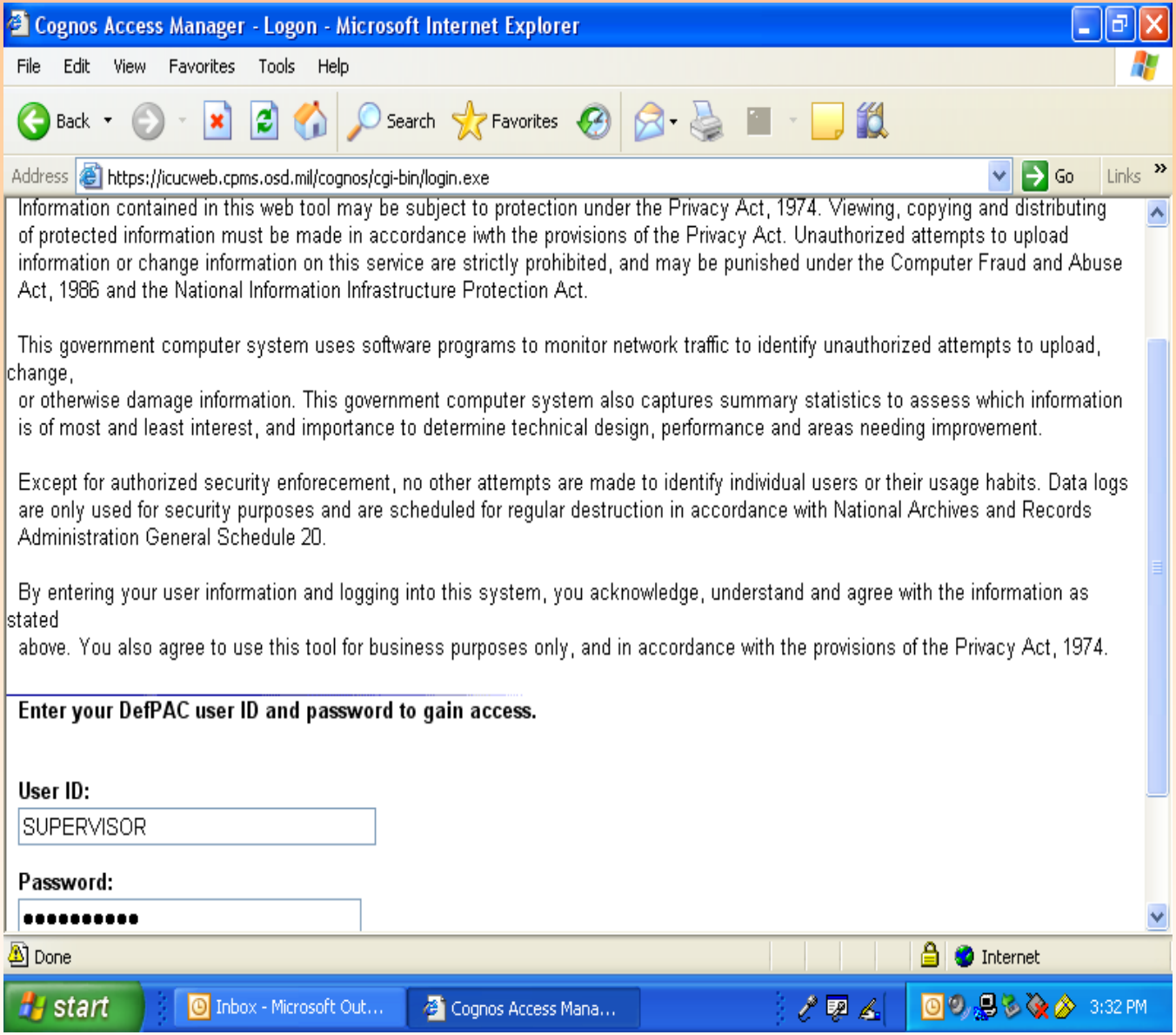
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Go Links
Information contained in this web tool may be subject to protection under the Privacy Act, 1974. Viewing, copying and distributing of protected information must be made in accordance iwth the provisions of the Privacy Act. Unauthorized attempts to upload information or change information on this service are strictly prohibited, and may be punished under the Computer Fraud and Abuse Act, 1986 and the National Information Infrastructure Protection Act.
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By entering your user information and logging into this system, you acknowledge, understand and agree with the information as stated
above. You also agree to use this tool for business purposes only, and in accordance with the provisions of the Privacy Act, 1974.
Enter your DefPAC user ID and password to gain access.
User ID:
SUPERVISOR
Password:
Done
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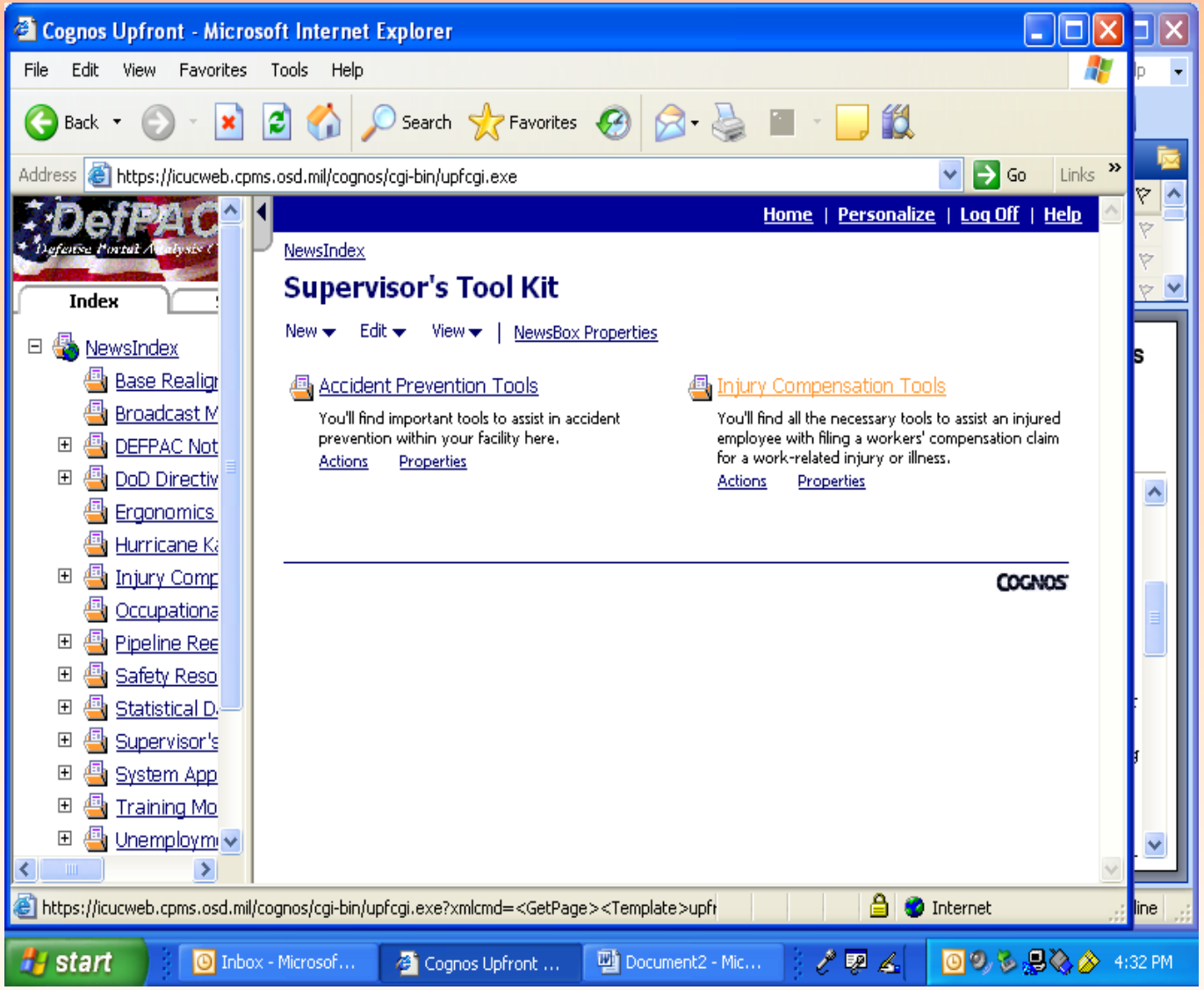
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Accident Prevention Tools
You'll find important tools to assist in accident prevention within your facility here.
Actions Properties
Injury Compensation Tools
You'll find all the necessary tools to assist an injured employee with filing a workers' compensation claim for a work-related injury or illness.
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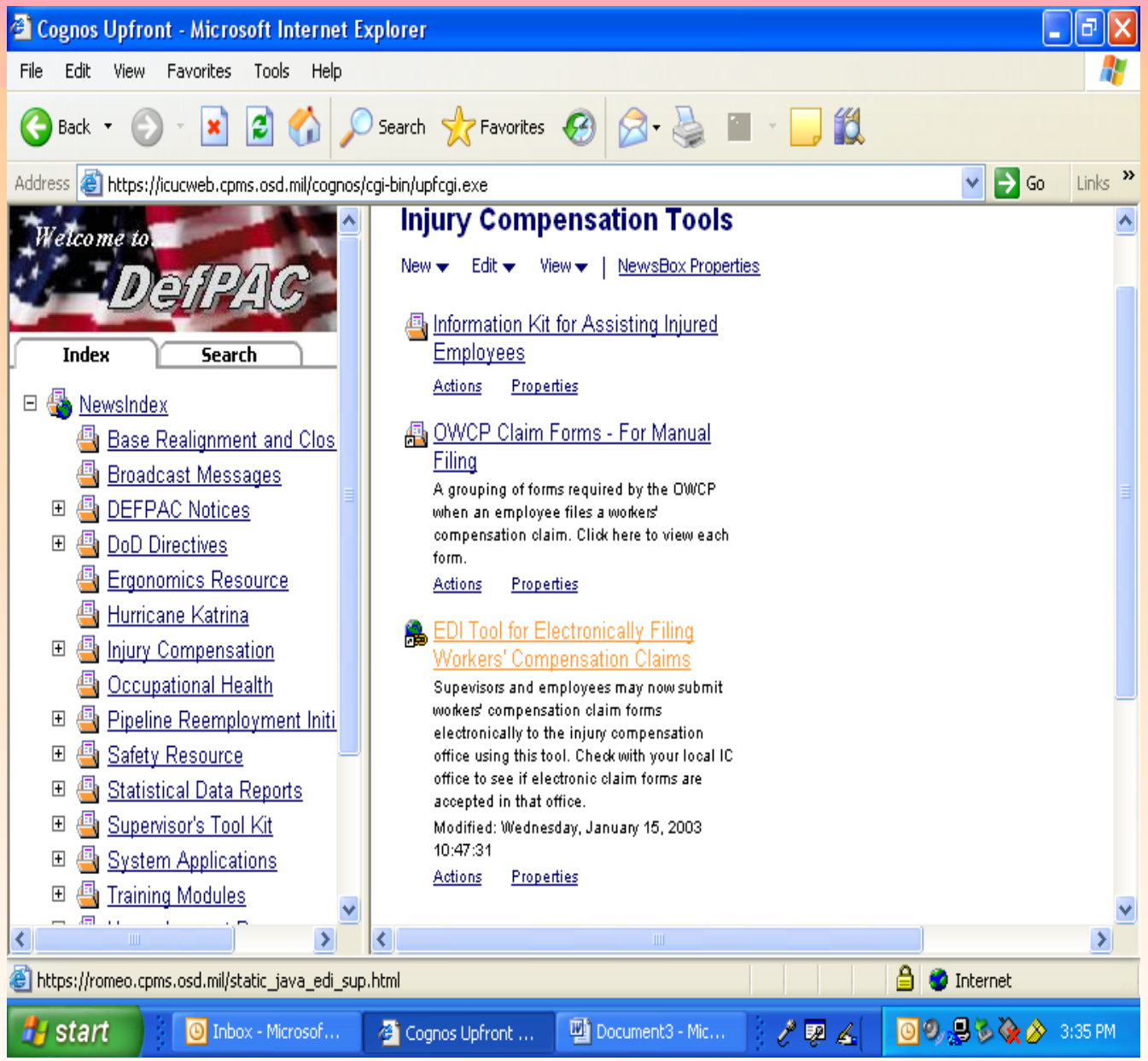
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Broadcast Messages
DEFPAC Notices
DoD Directives
Ergonomics Resource
Hurricane Katrina
Injury Compensation
Occupational Health
Pipeline Reemployment Initi
Safety Resource
Statistical Data Reports
Supervisor's Tool Kit
System Applications
Training Modules
Injury Compensation Tools
New Edit View | NewsBox Properties
Information Kit for Assisting Injured Employees
Actions Properties
OWCP Claim Forms - For Manual Filing
A grouping of forms required by the OWCP when an employee files a workers' compensation claim. Click here to view each form.
Actions Properties
EDI Tool for Electronically Filing Workers' Compensation Claims
Supevisors and employees may now submit workers' compensation claim forms electronically to the injury compensation office using this tool. Check with your local IC office to see if electronic claim forms are accepted in that office.
Modified: Wednesday, January 15, 2003 10:47:31
Actions Properties
https://romeo.cpms.osd.mil/static_java_edi_sup.html
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SaFER/EDI Application - Microsoft Internet Explorer

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Address https://romeo.cpms.osd.mil/static_java_edi_sup.html

Go Links

Welcome to the DoD Civilian Personnel Management Service

Please use diucs as the Database: name on the login form.

Please be patient while the Defense Injury & Unemployment Compensation System loads the application that you have requested..

Applet oracle.forms.engine.Main started

Internet

start Inbox - Microsof... 4 Internet Expl... Microsoft Word 3:36 PM

Supervisor Information - Microsoft Internet Explorer
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Address https://romeo.cpms.osd.mil/prelogin_sup_pop_close_print.html
Go Links
Close
Print
SUPERVISORS:
Welcome to the Electronic Data Interchange Application where you and your employees can file their workers' compensation claims on-line.
It is highly recommended in the future that you access the EDI Supervisor application through the DefPAC system at https://icucweb.cpms.osd.mil/cognos
System and application URL addresses are always update through this application first for streamlined accessibility. Log into DefPAC using the following case-sensitive information:
User ID: SUPERVISOR
Password: supervisor
Once you have logged into DefPAC, you will find the EDI - Employee/Supervisor Claim filing process link in the NewsIndex (right side of screen). Click this link to access the EDI application.
Note: We highly discourage the use of Internet Favorites to access the DIUCS and EDI applications because the URLs (links) for these applications may change at any time, and the Internet Favorites do not update when the links change.
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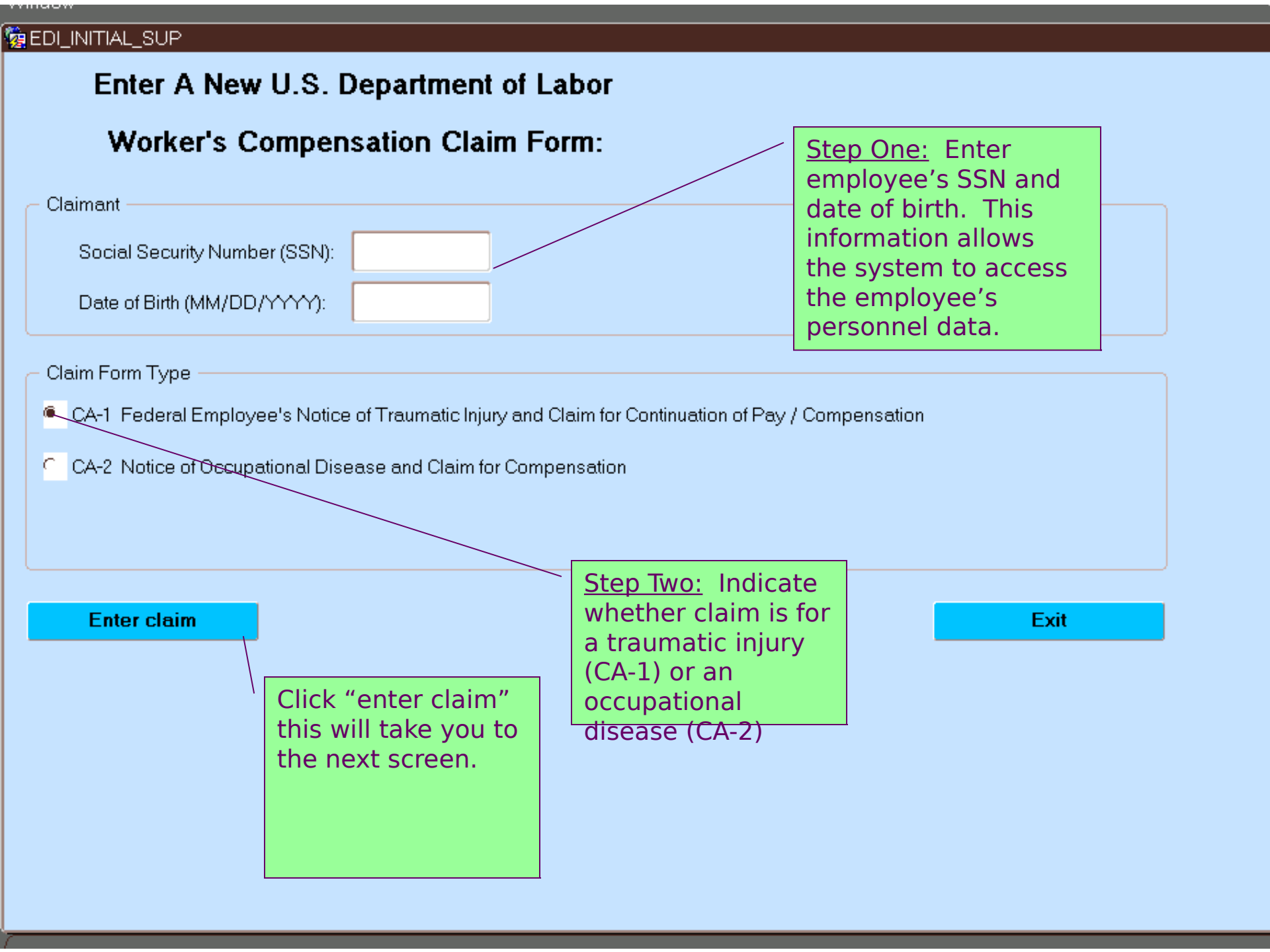
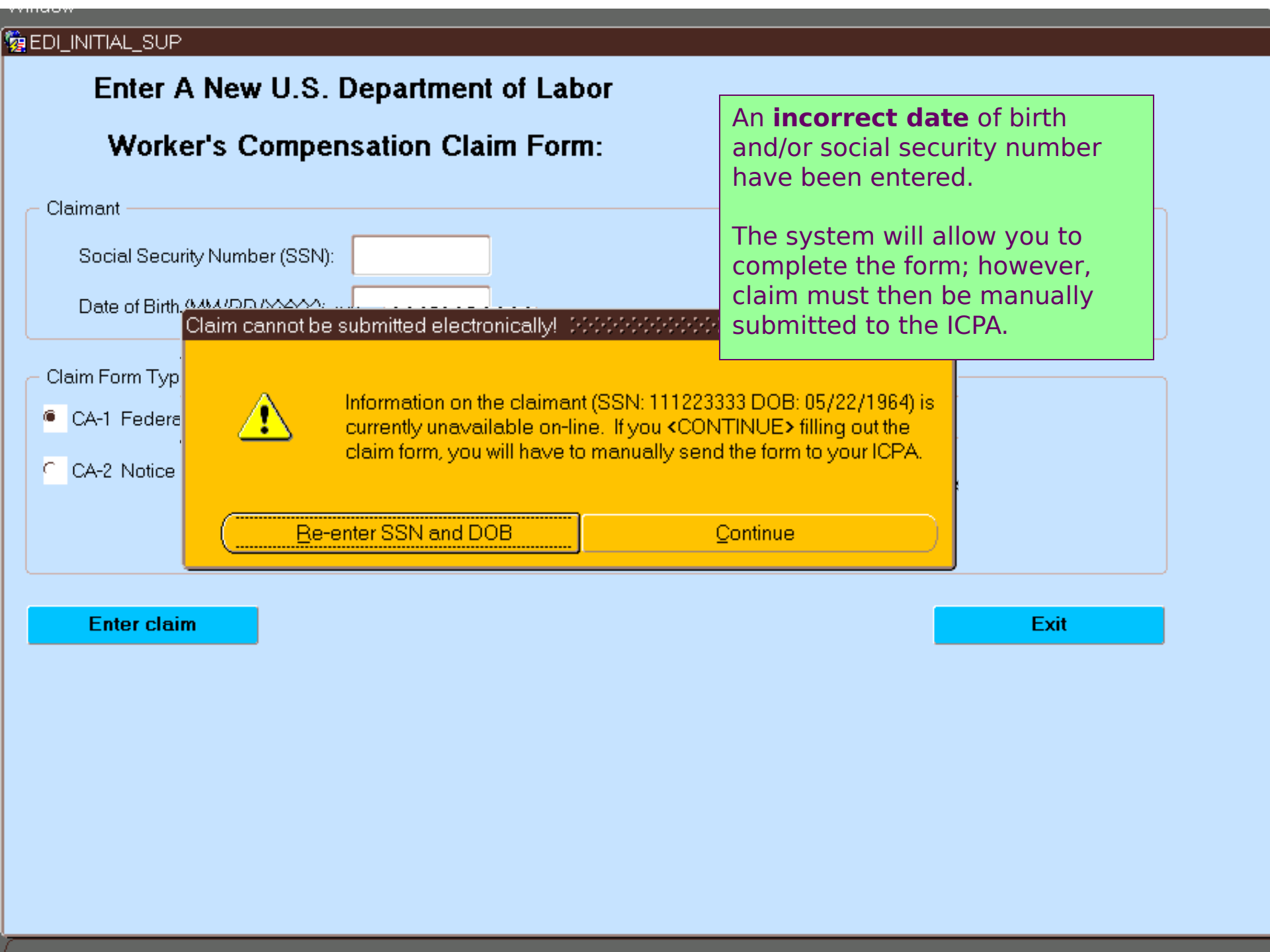
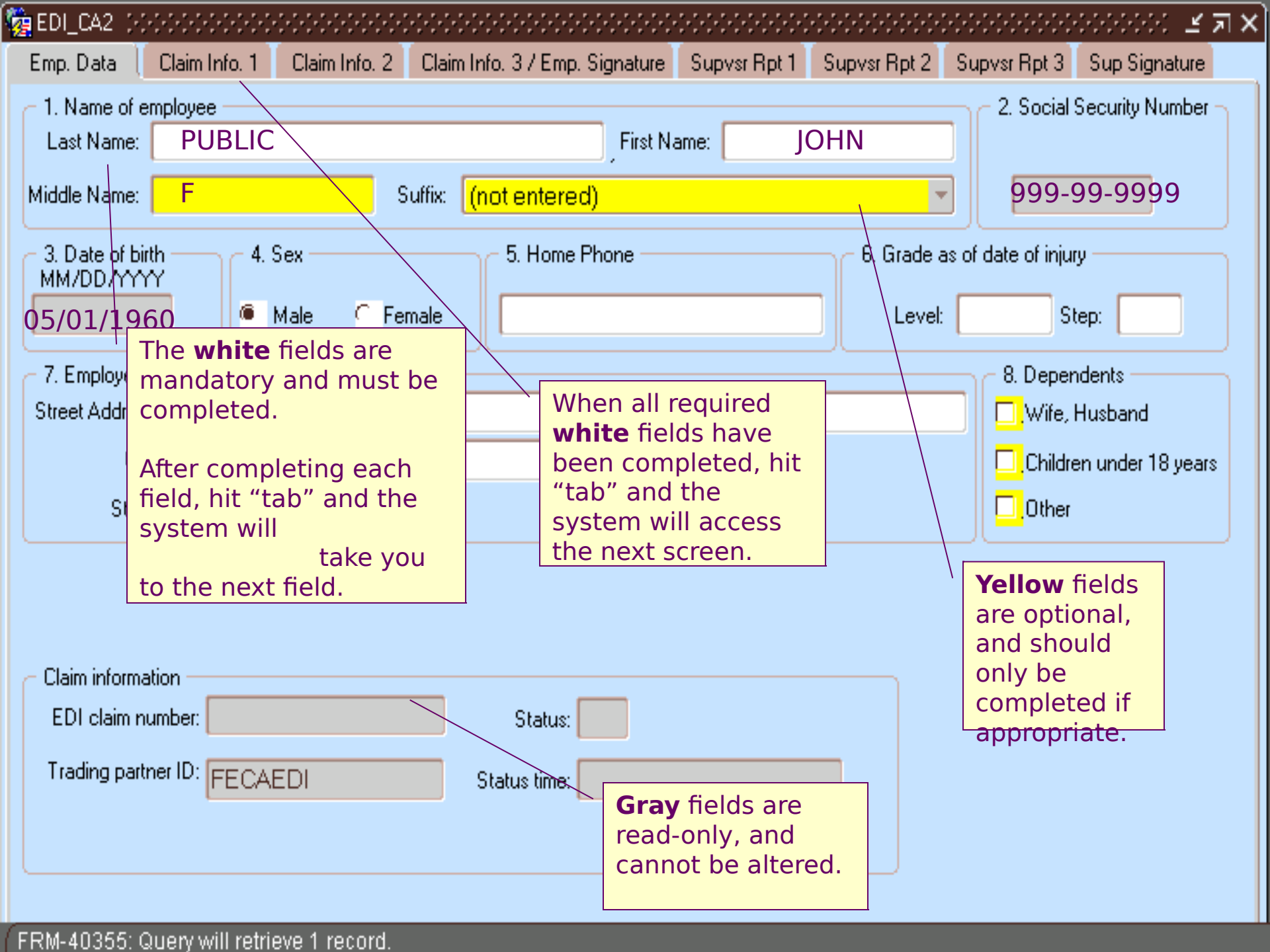
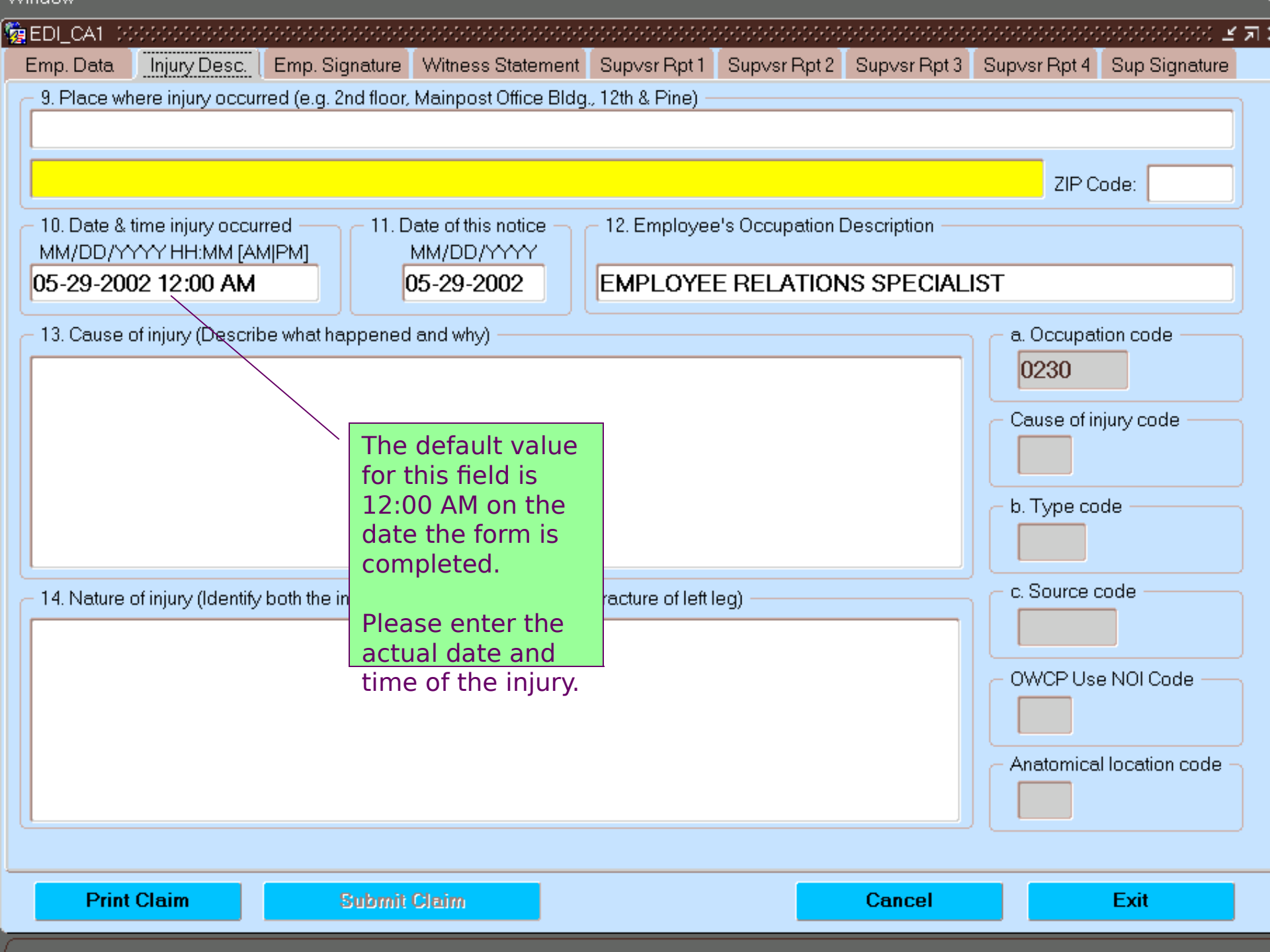
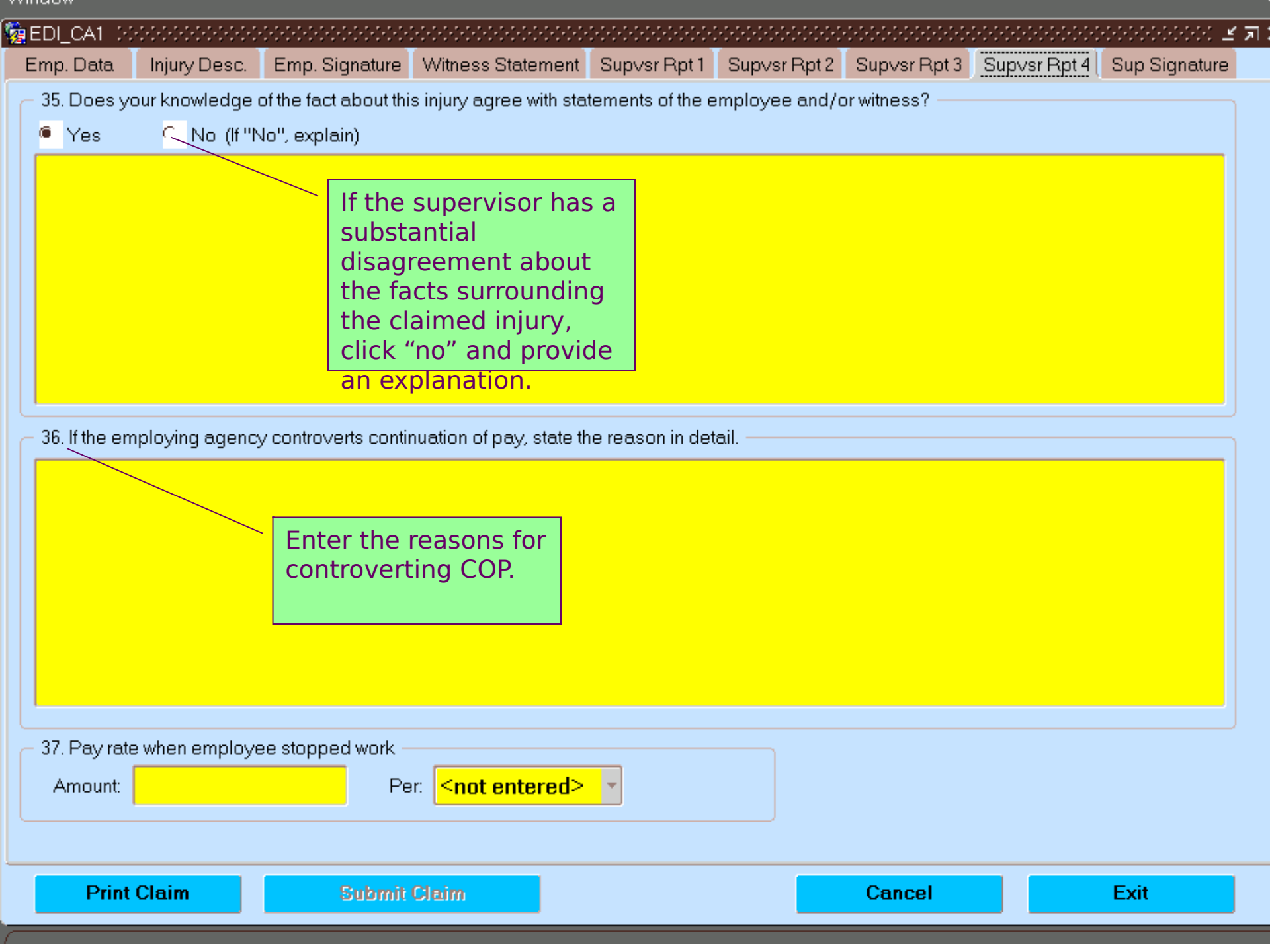

EDI_INITIAL_SUP
Enter A New U.S. Department of Labor
Worker's Compensation Claim Form:
Claimant
Social Security Number (SSN):
Date of Birth (MM/DD/YYYY):
Step One: Enter employee's SSN and date of birth. This information allows the system to access the employee's personnel data.
Claim Form Type
CA-1 Federal Employee's Notice of Traumatic Injury and Claim for Continuation of Pay / Compensation
CA-2 Notice of Occupational Disease and Claim for Compensation
Step Two: Indicate whether claim is for a traumatic injury (CA-1) or an occupational disease (CA-2)
Enter claim
Exit
Click "enter claim" this will take you to the next screen.


EDI_INITIAL_SUP
Enter A New U.S. Department of Labor
Worker's Compensation Claim Form:
Claimant
Social Security Number (SSN):
Date of Birth (MM/DD/YYYY):
Claim Form Typ
CA-1 Federa
CA-2 Notice
Enter claim
Exit
Claim cannot be submitted electronically!
Information on the claimant (SSN: 111223333 DOB: 05/22/1964) is currently unavailable on-line. If you <CONTINUE> filling out the claim form, you will have to manually send the form to your ICPA.
Re-enter SSN and DOB
Continue
An incorrect date of birth and/or social security number have been entered.
The system will allow you to complete the form; however, claim must then be manually submitted to the ICPA.


EDI_CA2
Emp. Data
Claim Info. 1
Claim Info. 2
Claim Info. 3 / Emp. Signature
Supvsr Rpt 1
Supvsr Rpt 2
Supvsr Rpt 3
Sup Signature
1. Name of employee
Last Name: PUBLIC
First Name: JOHN
Middle Name: F
Suffix: (not entered)
2. Social Security Number
999-99-9999
3. Date of birth MM/DD/YYYY
05/01/1960
4. Sex
Male
Female
5. Home Phone
6. Grade as of date of injury
Level:
Step:
7. Employe
Street Addr
8. Dependents
Wife, Husband
Children under 18 years
Other
Claim information
EDI claim number:
Status:
Trading partner ID: FECAEDI
Status time:
The white fields are mandatory and must be completed.
After completing each field, hit “tab” and the system will take you to the next field.
When all required white fields have been completed, hit “tab” and the system will access the next screen.
Yellow fields are optional, and should only be completed if appropriate.
Gray fields are read-only, and cannot be altered.
FRM-40355: Query will retrieve 1 record.


EDI_CA1
Emp. Data
Injury Desc.
Emp. Signature
Witness Statement
Supvsr Rpt 1
Supvsr Rpt 2
Supvsr Rpt 3
Supvsr Rpt 4
Sup Signature
9. Place where injury occurred (e.g. 2nd floor, Mainpost Office Bldg., 12th & Pine)
ZIP Code:
10. Date & time injury occurred
MM/DD/YYYY HH:MM [AM|PM]
05-29-2002 12:00 AM
11. Date of this notice
MM/DD/YYYY
05-29-2002
12. Employee's Occupation Description
EMPLOYEE RELATIONS SPECIALIST
13. Cause of injury (Describe what happened and why)
14. Nature of injury (Identify both the in
racture of left leg)
a. Occupation code
0230
Cause of injury code
b. Type code
c. Source code
OWCP Use NOI Code
Anatomical location code
The default value for this field is 12:00 AM on the date the form is completed.
Please enter the actual date and time of the injury.
Print Claim
Submit Claim
Cancel
Exit


EDI_CA1
Emp. Data
Injury Desc.
Emp. Signature
Witness Statement
Supvsr Rpt 1
Supvsr Rpt 2
Supvsr Rpt 3
Supvsr Rpt 4
Sup Signature
35. Does your knowledge of the fact about this injury agree with statements of the employee and/or witness?
Yes
No (If "No", explain)
If the supervisor has a substantial disagreement about the facts surrounding the claimed injury, click “no” and provide an explanation.
36. If the employing agency controverts continuation of pay, state the reason in detail.
Enter the reasons for controverting COP.
37. Pay rate when employee stopped work
Amount:
Per:
<not entered>
Print Claim
Submit Claim
Cancel
Exit

EDI_CA1

Emp. Data | Injury Desc. | Emp. Signature | Witness Statement | Supvsr Rpt 1 | Supvsr Rpt 2 | Supvsr Rpt 3 | Supvsr Rpt 4 | Sup Signature

38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

Name of Supervisor: Last Name | First Name | Middle Name

Signature of supervisor:

Date signed: MM/DD/YYYY 05-29-2002

Supervisor's Title

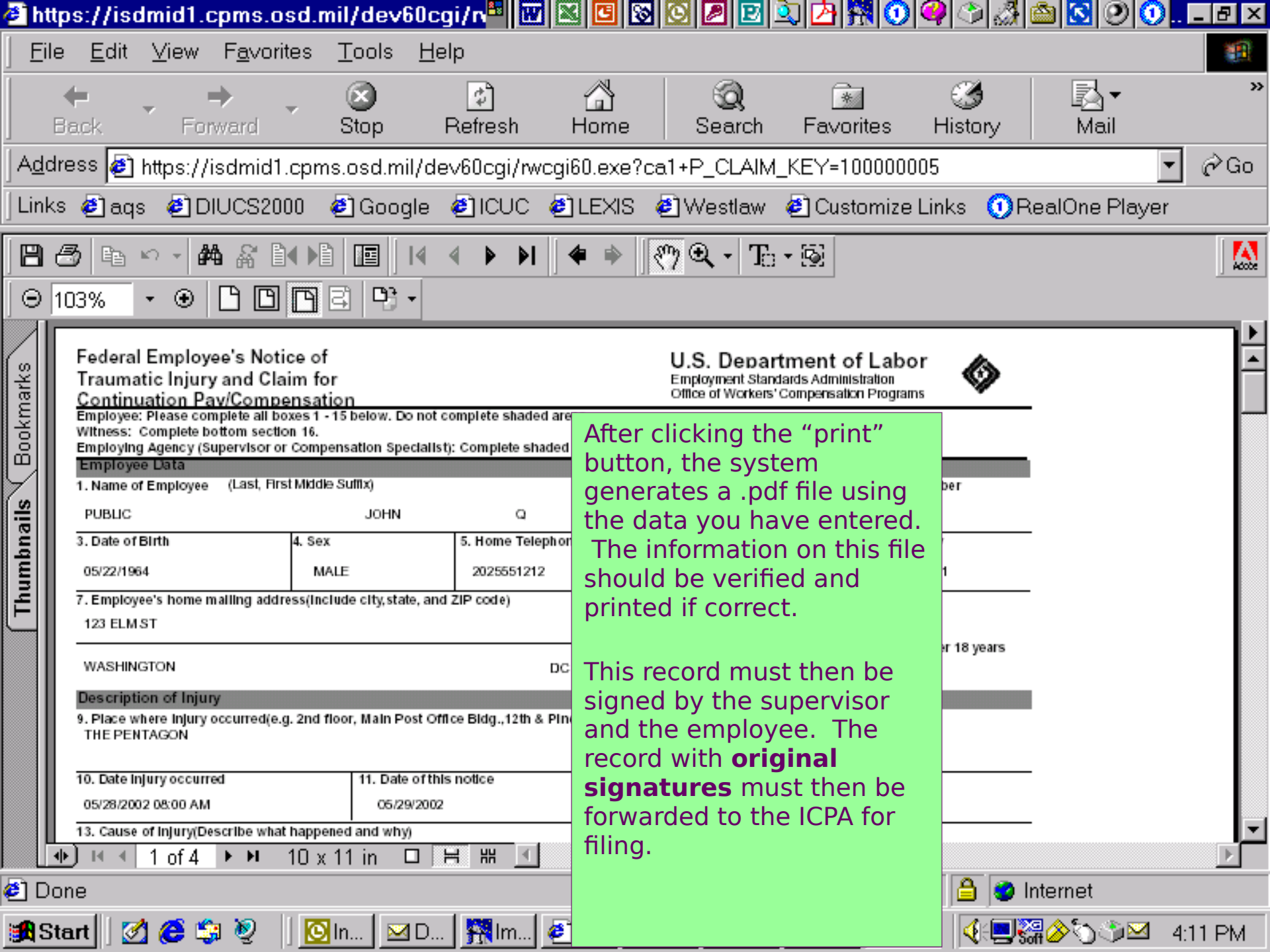
Supervisor's Office phone number

38. Filing Instructions

- No lost time and no medical expense: Place this form in employee's medical folder (SF-66-D)
- No lost time, medical expenses incurred or expected: forward this form to OWCP
- Lost time covered by leave, LWOP, or COP: forward this form to OWCP
- First Aid Injury

Once all required fields have been entered, the supervisor must print a copy of the completed claim.

Print Claim | Submit Claim | Cancel | Exit



After clicking the "print" button, the system generates a .pdf file using the data you have entered. The information on this file should be verified and printed if correct.

This record must then be signed by the supervisor and the employee. The record with **original signatures** must then be forwarded to the ICPA for filing.

EDI_CA1

Emp. Data | Injury Desc. | Emp. Signature | Witness Statement | Supvsr Rpt 1 | Supvsr Rpt 2 | Supvsr Rpt 3 | Supvsr Rpt 4 | Sup Signature

38. A supervisor who knowingly certifies to any false statement, misrepresentation, concealment of fact, etc., in respect of this claim may also be subject to appropriate felony criminal prosecution.

I certify that the information given above and that furnished by the employee on the reverse of this form is true to the best of my knowledge with the following exception:

	Last Name	First Name	Middle Name
Name of Supervisor:	DOE	JOHN	

Signature of supervisor: _____ **Date signed:** 05-30-2002 (MM/DD/YYYY)

Supervisor's Title: HUMAN RESOURCE SPEC

Supervisor's Office phone number: 7035551212

38. Filing Instructions

- ○ No lost time and no medical expense: Place this form in employee's me
- ○ No lost time, medical expenses incurred or expected: forward this form t
- ◉ Lost time covered by leave, LWOP, or COP: forward this form to OWCP
- ○ First Aid Injury

Now that the supervisor has printed a copy, the system will allow the claim to be transmitted.

To transmit the record, click "submit claim."

Print Claim | Submit Claim | Cancel | Exit

FECA WEBSITE/POCs

- http://www.gordon.army.mil/dhr/FECA/feca.htm
- **ICPAs: Mary Reid at 791-3840,**

mary.reid@us.army.mil

or

Donna Anderson at 791-3044,

donna.r.anderson@us.army.mil